

CAMPER HEALTH FORM



Camper's Name: _____

Date of Birth: _____ / _____ / _____
Year MM DD

MEDICAL INFORMATION:

Health Card #: _____

Doctor's Name: _____

Doctor's Phone #: (_____) _____

DIETARY RESTRICTIONS:

- Vegetarian Vegan No Pork

Other / Specify: _____

ALLERGIES:

- Bee Stings Penicillin Nuts Environmental

Foods: _____

Medication: _____

Other: _____

Please specify the severity and sensitivity of the allergy: _____

If this child has had any of the following, please all that apply:

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> Chicken Pox | <input type="radio"/> Sinus Infections | <input type="radio"/> Epilepsy | <input type="radio"/> Headaches |
| <input type="radio"/> Measles-Red or German | <input type="radio"/> Ear Infections | <input type="radio"/> Heart Trouble | <input type="radio"/> Bedwetting |
| <input type="radio"/> Mumps | <input type="radio"/> Stomach Aches | <input type="radio"/> Fainting Spells | <input type="radio"/> Sleep Walking |
| <input type="radio"/> Tonsillitis | <input type="radio"/> Hepatitis | <input type="radio"/> Frequent Colds | <input type="radio"/> Depression |
| <input type="radio"/> Appendicitis | <input type="radio"/> Diabetes | <input type="radio"/> Toothaches | <input type="radio"/> ADD or ADHD |
| <input type="radio"/> Hay Fever | <input type="radio"/> Asthma* | <input type="radio"/> Nosebleeds | <input type="radio"/> Anxiety Attacks |

*Please indicate if rescue inhalers need to be kept with the camper.

Information about special conditions: _____

MEDICAL AUTHORIZATION - This section must be completed.

To the best of my knowledge, this camper is in good health and is physically and mentally able to participate in all camp activities, except as previously noted. I will notify the camp, if this child is exposed to any infectious diseases during the four weeks prior to arriving at camp. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health form to be shared with the appropriate camp staff and outside medical personnel as necessary.

Permission is, hereby, granted to the camp Medical Officer and/or his/her designate to take whatever steps s/he deems necessary to ensure the comfort, safety, and health of this camper, including, but not limited to, the dispensing of non-prescription / over-the-counter medications. I understand that all medication dispensed by the camp Medical Officer and/or his/her designate will be done so in accordance with the cautions and directions indicated for said medication, and will be duly noted in the Camp Medical Log.

I, hereby, certify that all the information completed on this form is accurate and up to date. I will contact the camp, in writing, if any changes occur in the camper's health status between now and the start of the camp session.

Signature of Parent / Guardian: _____ Date: _____

- Please contact me before dispensing any over the counter medication.

Please list all medications being sent to camp (including over the counter medication).

Medication Name:	Dosage:	Administration Time:	Reason for Taking:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PLEASE NOTE: We cannot make any changes to prescribed medication schedules without written or verbal authorization from the prescribing Doctor or the Pharmacy. **Please ensure all medications are correctly labeled and in correct amounts before your child leaves for camp.** Any deviation from this will result in your child being sent home. The Camp is **NOT** responsible for filling prescriptions.

For the safety of our campers, Camp McGovern requires that **ALL MEDICATION***, including Tylenol, Advil, birth control, ointments, and inhalers be turned in to the camp nurse, upon arrival at the camp. Medication **MUST** be in the **ORIGINAL CONTAINERS**, or copies of the **original labels** must be included.

*Special situations such as epi-pens and inhalers can be arranged with the Nurse and your child's counselor.